South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

GREAT FACES. GREAT PLACES.

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for *Faculty Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Sanford Vermillion Care Center

Name of Primary Instructor: Cristeen Skogsberg RN

Address: 125 S. Walker St, Vermillion, SD, 57069

Phone Number: 605 638-8421   Fax Number: 605-638-8418

E-mail Address of Faculty: Cristeen.Skogsberg@sanfordheath.org

1. Identify the approved curriculum that your instructors are using:

    ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)

    ☐ Gauwitz Textbook – *Administering Medications: Pharmacology for Health Careers*, Gauwitz (2009)

    ☒ *Mosby's Texbook for Medication Assistants*, Sorrentino & Remmert (2009)

    ☐ Nebraska Health Care Association (2010) (NHCA)

    ☐ We Care Online

2. List *new and existing* faculty requested and licensure information.
    For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Cristeen Skogsberg	SD	R033205	2/13	02-06-13-15

RN Faculty Signature: _Cristeen Skogsberg_   Date: 5-18-12

This section to be completed by the South Dakota Board of Nursing

Date Application Received: 5/18/2012	Date Notice Sent to Institution:
Date Application Approved: 5/21/2012	Date Application Denied:
Expiration Date of Approval: 4/30/2014	Reason:
Board Representative: Y. Young	

South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for _Re-Approval_ of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: _Sanford Vermillion Care Center_

Name of Primary Instructor: _Cristeen Skogsberg RN_

Address: _125 S. Walker St._
Vermillion, SD 57069

Phone Number: _605-638-8134_ Fax Number: _605-638-8418_

E-mail Address of Faculty: _Cristeen.Skogsberg@Sanfordhealth.org._

1. Request re-approval using the following approved curriculum(s): *(Each program is expected to retain program records using the Enrolled Student Log form.*
   - ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
   - ☐ Gauwitz Textbook – Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
   - ☒ Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)
   - ☐ Nebraska Health Care Association (2010) (NHCA)
   - ☐ We Care Online

2. List faculty and licensure information: *For new RN faculty: 1) attach resume/work history with evidence of minimum 2 years clinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.*

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Cristeen Skogsberg	SD	R0331205	4-13	

3. Complete evaluation of the curriculum / program: *(Explain 'No' responses on a separate sheet of paper.)*

Standard	Yes	No
1. Each person enrolled in your program had a high school diploma or the equivalent.	X	
2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours.	X	
3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting	X	
4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.	X	
5. Each student's performance was documented using the SD clinical skills checklist form.	X	
6. You maintain records using the Enrolled Student Log(s) form.	X	

RN Faculty Signature: _Cristeen Skogsberg RN_ Date: _5-18-12_

This section to be completed by the South Dakota Board of Nursing

Date Application Received: _5/18/12_	Date Notice Sent to Institution:
Date Application Approved: _5/21/12_	Application Denied. Reason:
Expiration Date of Approval: _4/30/14_	
Board Representative: _G. Young_	

5/16/12